

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 10/676,956		Filing Date 30 September, 2003		<input type="checkbox"/> To be Mailed					
				Applicant(s) ROBERTS ET AL.						Page 1 of 1			
* May be used for additional claims or amendments													
CLAIMS	AS FILED 10/11/2007		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	---	---					51						
2	---	---					52						
3	---	---					53						
4	1						54						
5	---	---					55						
6	1						56						
7	1						57						
8	---	---					58						
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11	---	---					61						
12	---	---					62						
13	---	---					63						
14	---	---					64						
15		2					65						
16		2					66						
17		3					67						
18		---					68						
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22		---					72						
23		3					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		---					78						
29		---					79						
30	1						80						
31		8					81						
32		8					82						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	4						Total Indep						
Total Depend		40					Total Depend						
Total Claims		44					Total Claims						

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